

Attachment B

Statement of Interest – Statewide Long -Term Care Reform

Format for Response to Request for Information/Proposals

Wisconsin Department of Health and Family Services

Organization Name (s) (List all public and private entities represented by this statement of interest.):

Contact Person and Contact Person's Organization (List name, address, telephone number, email and fax number.):

Brief Description of Organization (Legal entity status, purpose, scope of enterprise):

Interest in Planning and Implementation of Long-Term Care Reform in Wisconsin:

Geographic Area of Interest (List counties within the potential planning and service area of the entity or consortium.):

Proposed Scope and Nature of the Program (including target groups to be served, benefit package to be offered, and rationale for this proposal in terms of fiscal soundness and program effectiveness)

Other Comments or Information: